



**African Community International, Inc.**

(The African Center)

3737 N. Meridian Street, Suite 507

Indianapolis, IN 46208

Telephone: (317) 927-9777, Fax: (317) 924-6137

## *Volunteer Application*

### **Contact Information**

Full Name	
Street Address	
City, State ZIP Code	
Home Phone	
Mobile Phone	
Work Phone	
Email Address	

### **Availability**

During which hours are you available for volunteer assignments? *(Please check all that apply.)*

- Weekday mornings                       Weekend mornings                       Other (Please explain)  
 Weekday afternoons                       Weekend afternoons  
 Weekday evenings                       Weekend evenings

### **Interests**

Please tell us in which areas you are interested in volunteering. *(Please check all that apply.)*

- |   |   |
|---|---|
| <input type="checkbox"/> Administration/Office Tasks                                | <input type="checkbox"/> Volunteer coordination                                     |
| <input type="checkbox"/> Special Events   | <input type="checkbox"/> Health care  |
| <input type="checkbox"/> Field work and organizing                                  | <input type="checkbox"/> Community Advisory Group (CAG)                             |
| <input type="checkbox"/> Fundraising  | <input type="checkbox"/> African Health Initiative                                  |
| <input type="checkbox"/> Counseling and Teaching<br>(ESL/GED/Computer Applications) | <input type="checkbox"/> Translation/Interpretation:<br>In which language(s): _____ |
| <input type="checkbox"/> Quarter for Life Campaign                                  | _____   |
| <input type="checkbox"/> Youth Program coordination/activities                      | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Newsletter production                                      |   |

**Motivations, Special Skills, and Qualifications: Why are you a good match for our organization?**

Please briefly describe your motivations for volunteering with us. In addition, please summarize any special skills or qualifications that you have acquired from employment, schooling, previous volunteer work, or through other activities, including hobbies or sports. *(Additional paper may be used.)*

**Previous Volunteer Experience:**

Please summarize your previous volunteer experience. *(Additional paper may be used.)*

**Person to Notify in Case of Emergency**

Full Name & Relation	
Street Address	
City, State ZIP Code	
Home Phone	
Mobile Phone	
Work Phone	
Email Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in this application are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. In addition, I understand that certain volunteer positions may require me to submit a criminal background check.

In agreeing to and signing this form, I, \_\_\_\_\_, assume all and full responsibility for the volunteer work to be performed and agree to hold harmless and indemnify African Community International and its clients, employees, board of directors, volunteers, partners, funders, charitable donors, and agents of all liability and loss arising out of the performance of this volunteer work.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Equal Volunteer Opportunity Policy**

It is the policy of this organization to provide equal volunteer opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. **Thank you for completing this application form and your interest in volunteering with us.**